



Report to the Legislature

Foster and Adoptive Home Placement

RCW 74.13.031(2)

December 1, 2004

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FOSTER AND ADOPTIVE HOME PLACEMENTS

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I. EXECUTIVE SUMMARY

This report is prepared in compliance with RCW 74.13.031 (2), which requires the Department of Social and Health Services (DSHS), Children's Administration (CA) to submit an annual report to the Governor and the Legislature reporting on the agency success in:

- (a) Meeting the need for adoptive and foster home placements;*
- (b) Reducing the foster parent turnover rate;*
- (c) Completing home studies for legally free children; and*
- (d) Implementing and operating the passport program required by RCW 74.13.285.*

The Children's Administration (CA) makes every effort to establish permanency for children unable to return to the care and custody of their birth parents through adoption, guardianship, long term foster care and/or relative placements. During fiscal year 2004 the Children's Administration has taken the following actions.

(a) To meet the need for adoptive and foster home placements, CA:

- ❖ Made significant progress toward achieving the federal Permanency standard in adoption by increasing from 25.6 percent of the children in care being adopted within 24 months of placement in FY 2003 to 28.2 percent in FY 2004 (the federal standard is 32 percent).
- ❖ Participated in the Washington State Heart Gallery, a portrait exhibit, to inspire Adoptive and Foster families to step forward on behalf of children.
- ❖ Provided recruitment resources and options to staff, including recruitment contracts with community partners and utilization of local and national adoption exchanges. In FY 2004 Washington also began placing some children on the National AdoptUSKids website (www.adoptuskids.org).
- ❖ Implemented the Family Permanency Planning policy to identify families interested in being a permanent (adoptive) resource for children who are not yet legally available for adoption. This reduces moves for children in out of home care, and assists in more timely permanency for children unable to return to the birth parents.
- ❖ Increased the number of foster parent training teams throughout the state from nine to nineteen. CA has increased pre-service training available to potential foster families. CA has contracted with eight foster parent recruiters specializing in the recruitment of culturally diverse families.

- ❖ Finalized 1,110 adoptions in FY 2004. CA continues to document an increasing growth pattern in finalized adoptions with 8,646 finalized adoptions from FY 1996 – FY 2004. The adoption numbers do fluctuate from year to year. FY 2004 dipped by 8% this year when compared against the record number of adoptions finalized the year prior.
- ❖ Under Kids Come First (KCF) Phase II, plans to increase the Child Specific Recruitment contract, implement a unified home study for foster care and adoption, proposes changes to how guardianships are established and develops post permanency resources for families.

(b) To reduce the foster parent turnover rate, CA:

- ❖ Contracted for Foster Parent Liaisons. The Liaison Program provides services that enhance communication between Children's Administration staff and foster parents. During this past year, the liaisons have provided support to both state and private agency foster families.
- ❖ Licensed 6,166 foster homes in FY 2004. Although this is a 3% decrease from FY 2003, we have found that many foster families choose to close their foster care license after the adoption of their foster child has been completed.
- ❖ Under KCF Phase II, is developing new resource family recruitment and support contracts for FY 2005. These contracts are targeted to increase the pool of available, licensed foster and adoptive families, as well as developing resources to sustain and meet the needs of current foster families.

(c) To complete home studies for legally free children, CA:

- ❖ Identified the completion of adoption home studies as an urgent need for those foster and relative families who had legally free children in their care. Regional staff were identified to concentrate efforts assuring home studies were completed as a priority.
- ❖ Provided adoption services to many families throughout the year. In July 2004, there were 1,373 open assignments for adoptive home studies. During FY 2004 there were 1,877 legally free children in state funded foster care; however, not all of these children had a plan of adoption.
- ❖ Has licensed foster homes that are also pre-adoptive or adoptive homes.

(d) To implement and operate the Passport Program, CA:

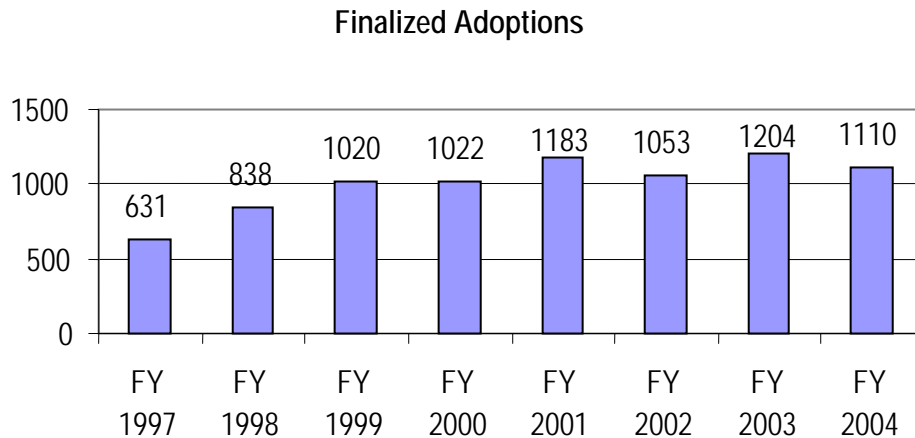
- ❖ Received automatic referrals to the Passport Program from the Case and Management Information System, based upon children placed in out-of-home care. These referrals are prioritized, usually based upon health risks and regional population needs. The passport program is collaborating with program partners, to more effectively and consistently refine prioritization criteria this next year.
- ❖ Completed 3,542 passports for children residing in out of home care which is a 5% decrease from FY 2003. CA has only kept statistics on this program since FY 2003.

II. MEETING THE NEED FOR ADOPTIVE AND FOSTER HOME SERVICES

A. ADOPTION RECRUITMENT AND SERVICES

Adoption finalizations were completed for 1,110¹ children in the care and custody of the Department of Social and Health Services (DSHS), Division of Children and Family Services (DCFS) during fiscal year (FY) 2004. Over the past eight years (chart 1), the trend in finalized adoptions has continued in a growth pattern although there are fluctuations from year to year. This year adoptions declined somewhat in comparison with the record numbers of 2003. The implementation of the federal tax credit encouraged many families to finalize their adoptions during 2003. Also, Washington did not qualify to receive federal Adoption Incentive Grant funds in 2004. These funds have been well utilized in the past to provide temporary staff to complete adoption home studies for families, record and make available background information on each child and to complete processing for adoption finalizations within the courts.

Chart 1



Nearly 1500 children were legally free for adoption this year. Each child's placement is supervised for six (6) months prior to the finalization of the adoption to assure the child and family are adjusting well and that ongoing services have been identified to support the placement. The numbers of adoption home studies completed by Children's Administration do not necessarily match the number of children who are waiting for an adoptive family. Children's needs and adoptive family strengths are reviewed for potential matches. There is always an on-going need for foster/adopt and specific adoptive families. For many children with

¹ CAMIS placement download 08/2004

significant special needs, especially those children who are older, adoption recruiting to locate a potential family is an on-going task for social workers.

In addition to completing permanency through adoption, guardianships were established on 434 children in FY 2004. For some older children, guardianship becomes a more viable permanency plan than adoption. The Children's Administration has proposed legislation on the establishment of guardianships in Washington through the CA. The intent of this legislation is to establish legal guardianships and remove supervision by the CA, allowing the child's guardian to assume responsibility for the child's care. The guardianships would be supported with financial and medical services through the CA.

The Children's Administration provides adoption services to many families throughout the given year. There were 1,373² open assignments for adoptive home studies in July 2004. Identification of an exact number of completed adoptive home studies is difficult to extract. Case records are opened and closed and may at times be identified under a different code which makes tracking difficult. For example, if a family has a current foster care license and later decides to adopt, the worker assignment may remain as a licensed foster home instead of both a licensed foster home and an adoptive home.

Adoption Recruitment Activities

Adoptive family recruitment is a challenging and on-going effort for social workers. Finding families who can potentially "best meet each child's individual needs" requires workers to engage in several different types of recruitment activities. Generalized adoption recruitment provides information to the general public regarding the on-going need for adoptive families. Targeted adoption recruitment aims its message at a specific group or population of individuals or families who may have specific interests or abilities in caring for children who need a permanent home. Child specific adoption recruitment profiles the strengths and needs of an individual child or sibling group. Workers who are engaged in adoption recruitment activities are encouraged to cast the broadest net possible, which in turn reaches the greatest number of individuals and families who may be interested in adoption. In order to find the most appropriate family for a child who does not have a permanent adoptive family identified, there must be a ready resource of waiting prospective adoptive families who have the potential to meet the unique special needs of each child. In an effort to locate potential adoptive families, CA provides numerous recruitment sources to social work staff. These options include individual staff recruitment activities, attending adoption consortiums to meet with other adoption agency staff, recruitment contracts with community partners and utilization of local, regional and national adoption exchanges. In FY 2004, Washington began placing some of our waiting children on the National AdoptUSKids website (www.adoptuskids.org). Other activities that focused on adoption recruitment include:

² CAMIS files 9/904. CAMIS worker assignments open at a point in time in July.
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A. Adoption Consortiums

Adoption Consortiums promote inter-regional linkages on behalf of children. These consortiums provide a collaborative staffing process between the department and private agencies around the state to increase awareness of children in need of adoptive families and approved adoptive families waiting for placements. The consortiums are often the first step in the recruitment process, when family members and/or the current caregiver are not a permanent resource. Consortia activities many times assist workers in making appropriate matches without the need to make a national search.

B. Local and National Adoption Exchanges

The Children's Administration contracts with the Northwest Adoption Exchange (NWAE), a private agency with recruitment experience and expertise, to place children on the Washington Adoption Resource Exchange (WARE) and the NWAE exchange. Children who are not in an identified adoptive home and have a permanent plan of adoption should be registered with the WARE. The Washington Adoption Resource Exchange provides a photolisting that is distributed to all Washington State private agencies and DCFS social work staff who provide adoption services for children and families. The book provides a picture and a brief description of each child and is only accessed by social workers or families that have an approved adoptive home study.

In FY 2004 there were 175 new children registered making a total of 421 Washington children registered with WARE. Currently there are 151 registered children still waiting for an adoptive family. For these waiting children recruitment expands to a national level after 90 days. The NWAE website (www.nwae.org) placed 199 children on its site in FY 2004 for adoption recruitment. NWAE staff also attends the regional consortium meetings to provide outreach to staff about recruitment options.

C. Purchase of Service

The Purchase of Service (POS) program provides contracts to private agencies in Washington and other states, for the recruitment and placement of children into adoptive homes and as well as the finalization of the adoption. The POS program began as a pilot project in early 1980, to help offset the cost of recruitment that private agencies provide for eligible children in need of adoptive families. One of the eligibility factors includes length of time a child is registered with WARE before an adoptive family is identified and placement occurs. This program has grown over the years 99 children were placed with adoptive families as a result of the POS contract in FY 2004. This is an increase of 40 children over the children placed via the POS contract in FY 2003. The Purchase of Service program is able to serve a limited number of eligible children due to limited funding.

D. Child Specific Recruitment

The Child Specific Recruitment contract that began in fiscal year 2001 is a partnership with seven private agencies to provide comprehensive recruitment activities for 40 children with special needs each fiscal year. The Northwest Adoption Exchange is the primary contractor that then subcontracts with six additional child placing agencies. The recruitment process begins with gaining a better understanding of the child. This assessment assures the most appropriate profile for recruitment. This preparation includes discussion with the current caretaker to determine if they might be a resource for the child. This team approach allows agencies to use their own recruitment techniques, develop new resources for recruitment and provides moral support to both CA and agency staff as they recruit families for these children with special needs.

During FY 2004, 43 children were enrolled with the project; with 23 children placed with adoptive families; 3 children had placements pending and 17 were still open for on-going active recruitment. Of the 17 children who are still active, five of them are a sibling group who need to be placed together. Sibling groups are often a challenge; however, the recruitment team is positive that a family will be found for this sibling group of five.

Since the inception of this contract in July 2001, there has been a 70% success rate in placing the enrolled children with adoptive families. Many lessons have been learned along the way including, identification of additional staff training needs; the essential element of staff time and scheduling for numerous participants, the critical importance of preparing children for adoption; and making good placement decisions. Training on “preparing children” for adoptions and “making sound placement decisions” are two areas where the CA should sponsor training for CA staff and our community partners involved in recruiting adoptive families. CA staff who have participated in these recruitment efforts have become strong supporters of child specific recruitment and call to have children placed on a waiting list for the next available slot.

E. AdoptUSKids Campaign

Washington State in collaboration with the Families for Kids, Northwest Adoption Exchange, and Families like Ours began participating in the AdoptUSKids campaign launched in 2004. The ad campaign is slated to run for a minimum of three years.

The U.S. Department of Health and Human Services Administration for Children and Families has partnered with, The Adoption Exchange Association, The Collaboration to AdoptUSKids and the National Ad Council to launch a new public service advertising campaign. The campaign issues a call to action to prospective parents asking them to consider adopting a child or children from foster care. The

campaign aims to significantly increase the awareness of the urgent need to provide loving, permanent homes for these children. The campaign targets prospective parents, assuring them that they don't have to be perfect to be a perfect parent, and that just being there makes all the difference.

The most important characteristics for prospective parents are³:

- a belief in adoption and an ability to commit,
- patience and perseverance,
- a good sense of humor and talent for keeping life in perspective,
- a love of children and parenting,
- the ability to be flexible,
- tolerance and understanding for your child's conflicting feelings and your own,
- the strength to be consistent and set limits,
- a willingness to learn new parenting techniques and advocate for your children's educational and medical needs,
- resourcefulness.

At this time, we do not know the benefits that this ad campaign will have in Washington, but are optimistic that the benefits will be rewarding. To view the ad you can visit www.adoptuskids.org.

F. Heart Gallery

The Washington State Heart Gallery is a unique portrait exhibit of compelling photographic portraits of people of all ages who need help and encouragement for DSHS clients. Nine of the Northwest's top photographers volunteered their expertise to create the stunning visual images. The Children's Administration participated in the DSHS wide Washington Heart gallery exhibit which included a collection of 59 portraits of children, teens, adults, families and seniors supported by Department of Social and Health Services (DSHS) programs.

The goal of The Heart Gallery is to inspire the public to step forward as:

- Adoptive and foster families
- Mentors for at-risk teens
- Caregivers and companions to elderly people and people with disabilities
- Supporters for the Governor's Scholarship Fund for youth in foster care

³ Ad Council Website www.adcouncil.org/issues/adoption/
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- Potential employers of people with developmental disabilities, or respite care providers for families of people with developmental disabilities

Since its premiere on April 27 in Seattle, Heart Gallery visitors have found the images to be emotional, inspiring and touching. Among written comments received:

- “The portraits speak volumes and call to you from across the room.”
- “We are considering adopting. The pictures of the children really inspired us.”
- “Wonderful, soulful portraits that deeply touch my heart.”

There currently is not information available to discern if children adopted and families come forward from adoption were inspired by the Heart Gallery.

B. FOSTER HOME RECRUITMENT, TRAINING & SERVICES

The Children's Administration continued to make active efforts to increase the number of foster homes available for the placement of children in out-of-home care.

Licensing Responsibilities

The Division of Licensed Resources, Office of Foster Care Licensing (OFCL), engages in a variety of required activities to ensure that homes are fully and appropriately licensed. The activities relate both to initial licensing of a home and on-going work to maintain homes in a safe manner. Some of the activities are:

Initial License:

- ❖ Provide orientation and 30 hours of PRIDE pre-service training for prospective foster and adoptive families,
- ❖ Review the application packet, investigate any Child Protective Services and/or criminal history and contact references,
- ❖ Visit and assess the home to ensure the home will meet health and safety standards,
- ❖ Conduct a home study to assess the family's readiness and skill level to care for foster children,
- ❖ Provide consultation and technical assistance relating to licensing requirements and policies during the home visit.

Maintenance activities:

- ❖ Collaborate with the foster parent to correct and write Compliance Agreements to correct deficiencies if necessary,
- ❖ Prepare documents for an adjudicative proceeding, should the license be denied or revoked,
- ❖ Visit a minimum of 10% of the licensed foster homes annually to monitor for health and safety and assess training needs of foster parents,
- ❖ Respond to licensing complaints and conduct an assessment to determine if there is health and safety or licensing violations,
- ❖ Monitor the compliance agreement to ensure a safe environment. Assess training and support needs of foster parent,
 - ❖ Re-License the foster home provider every three years.

Number of Licensed Foster Homes

The Division of Licensed Resources (DLR), Office of Foster Care Licensing (OFCL) maintained 6,166 foster homes in FY 2004⁴. The total number of licensed foster homes reflects homes that are certified by private child placing agencies and those licensed by OFCL staff. DLR issued 1,241 new licenses during FY 2004. The number of total licensed foster homes declined by 43 during this past fiscal year from FY 2003. Chart 2 below shows the total number of foster homes for the past two fiscal years. The breakdown of foster homes licensed by private child placing agencies and OFCL are shown in chart 3.

Chart 2

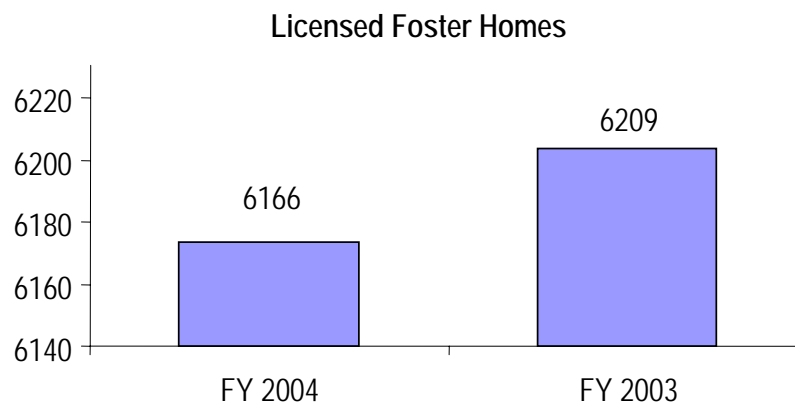
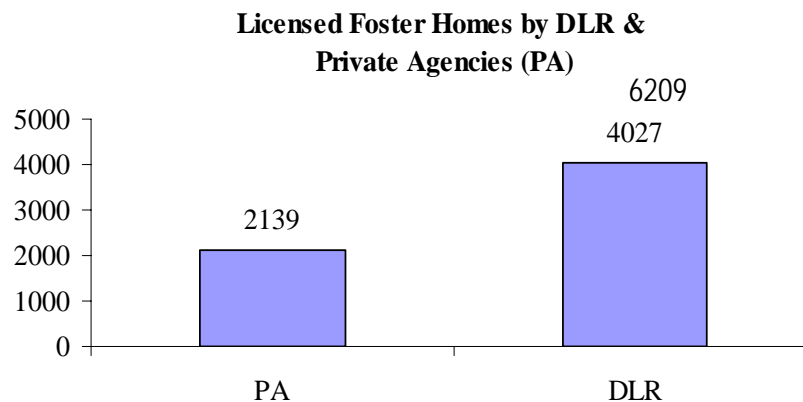


Chart 3



FY 2004

⁴ CAMIS Performance Measures – Well Being September 2004 download
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Foster Parent Training

The Foster Parent/Kinship Training Institute changed its name to the Resource Family Training Institute to formally recognize the importance of the kinship caregiver, adoptive parent and foster parent. The Resource Family Training Institute (RFTI) continues to provide outreach to kinship caregivers, adoptive parents and foster parents to attend any training that is offered by RFTI.

During this past year, RFTI hired 19 trainers that will provide and coordinate training for resource families statewide. The Resource Family Training Institute continues to lead the state in utilizing technology to provide training. RFTI provided training to 8,455 participants (some of which attended more than one training) during FY 2004. Training topics and the number of people trained in each segment is as follows:

- ❖ Pre-Service training was provided to 2,601 people,
- ❖ First Aid training was provided to 3,423 people,
- ❖ Sexually Aggressive training was provided to 387 people,
- ❖ Physically Aggressive Assault training was provided to 348 people, and
- ❖ 1,696 people attended workshops offered by RFTI.

Statewide Recruitment

The Children's Administration continued to contract with Families for Kids, previously Families for Kids Recruitment Resources, a branch of Lutheran Community Services Northwest for the recruitment of foster and adoptive families. Families for Kids (FFK) continued to rely on the grassroots recruitment effort; utilizing current foster families to recruit new families.

During FY 2004 Families for Kids reported a 21% increase in initial intakes from FY 2003, receiving 3,537 calls through the toll free line. Statistics kept by FFK indicate that 422 families that were newly licensed in FY 2004, had made an initial inquiry through the toll free line at some point.

Families for Kids recruiters provide two regional recruitment presentations per month, attend recruitment and retention meetings, and participate with regional Foster Care Improvement Plan teams in recruitment activities.

Recruitment is labor intensive and requires a great deal of patience. Individuals or families who are interested in foster care and adoptions do not immediately apply for licensure or request an adoption home study upon their first inquiry. We have learned that people interested in foster care and adoption need to hear, read or see recruitment campaigns seven times before making the first step (the inquiry).

Foster Parent Liaison Program

The Foster Parent Liaison is contracted through the Foster Parent Association of Washington and the Foster Care Resource Network of Pierce County. The Liaison Program provides services that enhance communication between Children's Administration staff and foster parents. During this past year, the liaisons have provided support to both state and private agency foster families. Support has been provided on a variety of topics including but not limited to:

- ❖ Accessing resources for children,
- ❖ Ensuring foster parents receive information on the adoption process and timelines,
- ❖ The initial foster care placement,
- ❖ Foster parents' access to information about the child, the Individual Service and Safety Plan and court hearings,
- ❖ Dispute resolution between the social worker and foster parent at the lowest management level.

The liaison program continues to assist and provide services to support foster parents. Regional liaisons have steadily increased the number of foster parent contacts via email, telephone and personal contact.

Foster Parent Intervention Program

The Foster Intervention/Retention Support Team (FIRST) is a contracted service provided by the Foster Parents Association of Washington State (FPAWS). The FIRST program provides foster parents undergoing Child Protective Services (CPS) or licensing investigation, with non-judgmental services and support.

FIRST services include providing training, disseminating information to the foster parent about the investigative process, clarifying communication and assisting foster parents in completing corrective action plans.

The volunteer foster parents provide FIRST services at the request of social workers, Division of Licensed Resources investigators, or other foster parents. Although few in number, these volunteer foster parents are important to the success of the FIRST program. CA recognizes that foster parents spend a great deal of time volunteering for other activities such as mentoring programs, or support groups and are continually challenged by finding the additional time to volunteer for the FIRST program.

III. FOSTER HOME TURN-OVER, CAUSES AND RECOMMENDATIONS

The Children's Administration continues working toward retaining current foster home providers. An inherent issue is that many families who become licensed for foster care are primarily interested in adoption; and upon completion of the adoption families discontinue their foster home license. These are successes when a foster family chooses to become a permanent resource for a child in their care. However, it colors the overall picture of foster family retention, making it appear as though the CA is not making substantial efforts to retain licensed foster homes. Our current data system does not have the capacity to extract the number of foster families who closed their licenses due to the finalization of an adoption.

During FY 2004 the CA made several steps to improve the retention rate of foster parents. Retention of foster parents is included in the Kids Come First II plan that was developed as a result of the Federal Child and Family Services Review. Several ideas were developed and incorporated into the Kids Come First Phase Two Comprehensive Plan. The KCF plan includes:

- ❖ Provide a 24 hour foster parent support phone line to assist foster parents when they most need it,
- ❖ Provide invitations to foster parents to all key meetings, where the issues and future of the children in their care is being discussed,
- ❖ Develop monthly face to face meetings with social workers, to discuss the case plan and the child's need to resolve small problems before they become bigger issues,
- ❖ Develop improved communication so that foster parents have all the information needed to best provide for the children in their care,
- ❖ Provide an increased number of foster parent liaisons to help build a variety of support systems for foster parents needing support. For example:
 - ❖ Development of foster parent "hubs," where families can informally get together to share resources, respite ideas and obtain help/support during times of crisis.
 - ❖ Develop a buddy system where veteran foster parents are paired with and can provide mentoring to new foster parents about navigating the system,
 - ❖ Develop foster parent support groups.
- ❖ Foster parent liaisons will serve as trouble shooters. They can also help build support for the foster parent community by helping communicate the message "You don't have to be a foster parent to help a child."

- ❖ Development of a new annual foster parent survey system to share information with CA on how we are doing and what issues the agency may need to address. The new survey will begin in 2005 and will include an exit survey for foster parents who have closed their foster home license,
- ❖ Development of cross training with social workers and foster parents on team building and problem resolution,
- ❖ Development of a dispute resolution system to solve small problems before they become big problems,
- ❖ Annual assessments of foster parents to identify their strengths and any areas in which they would like to improve upon their knowledge and skills,
- ❖ Develop training on how to work with birth parents to achieve the optimum of care for the child. This training will help foster parents meet the expectation of helping improve connections between the child and their birth parents. The terms of the expectation will be spelled out in an agreement with the Children's Administration,
- ❖ Increase the use of technology to communicate and share information with foster parents. This will include an electronic list serve on where they can access more information.

IV. PASSPORT PROGRAM

The Foster Care Passport Program (FCPP) provides a centralized repository to maintain known and available mental and physical health, familial and educational information for children residing in out-of-home care in Washington State. The program also provides supportive services to social workers and caregivers. The reduction in completed Passports can be attributed to several factors:

1. Contracts for Passport services have been reduced in some regions to meet regional budget needs,
2. Service costs for providing Public Health Nurses has slowly increased over the past six year; and allocations for Passports have not changed remarkably to meet the growing cost of services,
3. Obtaining medical records in a cost effective manner is becoming more difficult with the evolution of document management companies, and
4. A significant increase in the complexity of health issues for children in care has been noted in the past few years.

The Foster Care Passport Program contracts with Public Health Nurses (PHN) who also provide individual consultation for social workers and caregivers regarding

specific health issues, resources or health care needs. As opposed to a one-time, medical assessment/screening tool, FCPP is a progressive service providing comprehensive and updated information, as the needs of the child change. The PHNs actively assist social workers and caregivers in identifying, understanding and appropriately prioritizing health issues. In addition, the PHNs provide expertise regarding effective utilization of community health resources. This allows staff and caregivers to make informed decisions regarding health care needs, and problem-solving daily issues related to special health needs. The FCPP supports on-going continuity of care for children in out of home care.

Children are automatically “referred” to the FCPP electronically via the Case and Management Information System (CAMIS), based upon their placement in out-of-home care. However, due to funding limitations, caseload prioritization within the general eligibility criteria has been a necessity and varies slightly due to the specific needs and PHN staffing level of the regions. In general the prioritization for creating passports is based on specified criteria related to health risks and specific population’s needs within each region. In addition, criteria are used to further meet the unique needs of populations in each region/office, such as special requests from DCFS (e.g. adoption or state-to-state transfer), children with high-risk health issues already identified by Pre-Passport, Social Security Information, Foster Care Assessment Program (FCAP), or adoption fast-track and special request by social worker or caregiver. The FCPP is also currently collaborating with Pre-Passport, administration and other to more effectively and consistently refine prioritization criteria for the future.

Foster Care Passport Program distribution of information includes:

To Social Workers:

- ❖ An original passport signed by the PHN,
- ❖ A letter with recommendations from the PHN outlining specific health issues, the follow-up needed, priorities and the applicable community resources,
- ❖ All medical records received from health care providers.

In addition, if issues are identified that need more urgent follow-up, prior to the completion of a passport, a “Health Concern Alert” is provided to the social worker outlining the issue, follow-up needed, timeframe and resources. Health Concern Alert information is always included in the completed passport and recommendations.

To foster parents:

- ❖ A copy of the passport,
- ❖ A letter from the PHN outlining specific health recommendations,
- ❖ Assistance, per requests from the social worker, regarding urgent health issues which may need follow-up, including facilitating access to appropriate community resources.

Through implementation and discussion with health care providers, it was determined to be ineffective and inappropriate for FCPP to automatically mail the passports and/or recommendations directly to health providers. Caregivers have been asked to provide the information at healthcare appointments. Foster parents are routinely instructed to share Passport information with health care providers when children are taken in for appointments. In addition to producing passports, providing consultation and making health recommendations, PHNs provide additional services including:

Health Education

Information and education to social workers and caregivers is provided upon request regarding health topics. During FY 2004 the information shared with staff and caregivers covered a wide variety of health topics including:

headaches,	ear infections,	tachycardia,
hydrocephalus and	lice,	encephalopathy,
danger symptoms,	psychotropic	hepatitis,
skeletal surveys,	medications,	managing multiple
mitral valve prolapse,	effects of prenatal	medical needs,
tube feedings,	substance abuse,	genital warts,
immunizations,	fetal alcohol	car seat safety,
dental care,	syndrome,	paralysis,
prematurity,	neurodevelopmental	brain damage,
growth and	services,	allergic reaction and
development,	sexually transmitted	allergy prevention,
infectious diseases,	diseases,	and burn care.
asthma,		

Case Finding & Referral

Passport staff also provides consultation and referral for health care needs for children that are not enrolled in the passport program. The PHNs provide this additional service at the request of the caregiver and/or social worker.

The Foster Care Passport Program teams provide services with staff from most of the local public health jurisdictions (LHJ) statewide, serving 47 DCFS offices across the state with a combined total of approximately 20 Public Health Nurses and 10 Health Program Assistant (HPA) full-time equivalents. The HPA's are utilized to do the part of the FCPP work that does not require a nurse, so that the nurses are utilized for nursing functions.

The FCPP work is a fluid process. Information is sought, gathered and entered on many children simultaneously. The amount of time required to produce each passport varies, depending on the age, medical history, family history and condition of each child. Additional factors which affect the amount of time needs to complete passports include:

- ❖ The number of different health care providers that a child may have seen since birth,
- ❖ The legal status of a child, and/or the age of a child (e.g. mental health, substance abuse, family planning, and STD/HIV information, requiring additional release from the adolescent),
- ❖ The number of times a child has moved residency prior to foster care,
- ❖ The number of times a child has been moved while placed in out-of-home care,
- ❖ The number of assigned social workers during involvement with DCFS,
- ❖ The number of different names used by a child and/or birth parent,
- ❖ The state of residence since birth – Washington state only versus multiple states in the US,
- ❖ The amount of historical information available from family members, and
- ❖ The amount of historical information available in the DCFS file upon FCPP enrollment.

On average, it takes approximately 10-15 hours to complete a passport and health recommendation, with a range of 5-24 hours (non-consecutive hours). In any given month, in addition to completed passports, there are from 600-800 passports in progress statewide. From program implementation through June 2004, approximately 104,000 individual child records have been identified and the information incorporated into the Passport database and recommendations.

There were 3,542 passports completed, 2,802 health and education contacts and 208 findings and referrals during FY 2004. Chart four below provides information on the last two fiscal years.

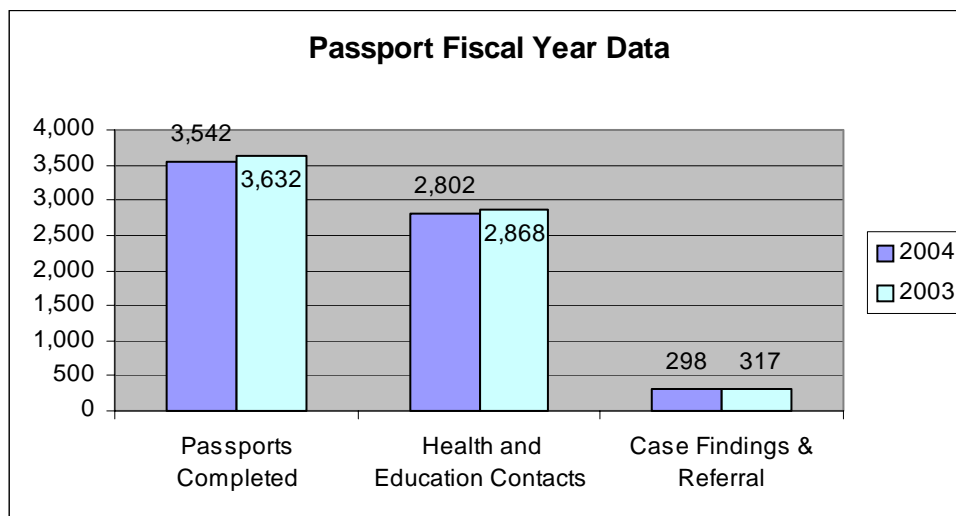


Chart 4

Collaborations & Achievements

1. FAS Photo Screening Project:

In Region 4, DCFS, local health, and the University of Washington Fetal Alcohol Syndrome Diagnostic Prevention Network collaborated to provide an efficient means by which to routinely photo screen dependent children enrolled in the FCPP for the facial features of FAS. Data to date indicates that children in out of home placement have a significantly higher prevalence of FAS than the general population (approximately 1 in 100 children screened). Photo screening and coordination of the information through the FCPP offers several benefits including routine screening for FAS, photographic screening for other possible problems or syndromes, expedited access to the FAS Clinic when diagnostics are indicated, and incorporation of the information into the child's comprehensive health history. As future funds might be available, the goal will be to replicate the service statewide.

2. Foster Care Assessment Program:

The FCPP collaborates and communicates statewide with the Foster Care Assessment Program (FCAP) to coordinate regarding children referred for FCAP services and available FCPP information. In addition, FCPP nurses assist in identifying children eligible for FCAP services, and make recommendations for referral to FCAP based on identified criteria.

3. Pre-Passport:

FCPP continues to coordinate with Pre-Passport regarding children who have issues identified during the Pre-Passport screening process, who then can be prioritized for FCPP enrollment to receive ongoing, comprehensive focus of services from FCPP while they remain in out of home care.

4. Adoption Project:

FCPP continues to coordinate locally and regionally regarding children who are identified for adoption, to help ensure that FCPP enrollment can be prioritized appropriately and comprehensive health histories with recommendations can be provided to the social workers on an improved schedule more conducive to the adoption process timelines for each individual child.

5. Comprehensive health histories:

Through careful research and comprehensive documentation of health histories, and interviews, PHNs have helped identify and correct misinformation and lack of appropriate follow-up in several important areas, including the following:

- **Diagnoses that were “hearsay”, and documented in DCFS files, but not documented in any medical records, or ruled out in medical records.** PHNs have validated or negated historical “labels” through careful attention to medical record details. Some examples include:

asthma, chromosomal disorders, genetic disorders, attention deficit & hyperactivity disorder (ADHD) and fetal alcohol syndrome (FAS).

- **Diagnoses that were made in the child's past and in some cases documented in the DCFS file, but necessary follow-up had not been completed.** Some examples include: heart murmurs or cardiac defects, pulmonary stenosis, developmental delays, anemia, disfiguring burns, chronic anemia, organic brain syndromes, as well as possible exposure to HIV and TB (tuberculosis).
- **Problems that were previously identified, but may have been followed up incorrectly.** Some examples include recommended follow-up of suspicious x-rays on the wrong limb, and intermixed medical records (treatment received based on information from another person misfiled into a child's record).

6. Medical records:

Children in out of home placement many times have fragmented and complex health history information prior to placement. Often children have received services from many health care providers throughout Washington State or the United States. Historically, while many community healthcare providers cooperate willingly to provide copies of records upon formal request, there have also been significant barriers including general lack of cooperation, understanding and interpretations of HIPAA regulations, and the emerging establishment of document management companies. These, and additional barriers can make it difficult to produce comprehensive health histories for children in out of home placement.

Problem resolution has been handled on both the local and the statewide level, and is an on-going process. Negotiations with individual health care providers, larger provider groups and the major document management companies has enabled FCPP to establish consistent, standardized procedures for medical record requests statewide, which improve program efficiency and success rates.

7. Complex Communication & Tracking:

The FCPP serves a high volume of children, each with unique and special needs. In addition, each child may have different legal and case considerations. Communication, both written and oral, is an essential component of the FCPP. Multiple FCPP staff, multiple sites, and services provided to large numbers of children simultaneously require clear, comprehensive communication and tracking techniques. In addition, changes in social work assignments and caregivers add more complexity.

Communication and information given to social workers and caregivers must be consistent and easily understandable. In order to meet this challenge in the most effective manner, the FCPP trains new FCPP staff centrally and provides ongoing professional support and consultation through statewide coordination.

The status of each medical record identified, requested, received and reviewed is tracked individually within the centralized health & education database. In addition, the FCPP utilizes standardized procedures, health recommendation letters, medical record request letters and forms statewide. Health recommendations are completed using PHN expertise to add a child's unique information to a standard text letter.

V. PLANS FOR THE FUTURE

- ❖ Within available funding develop and implement post permanency resource centers for families that have established permanency through adoption, guardianship and kinship care.
- ❖ Update the DSHS Children's Administration adoption brochure.
- ❖ Increase timeliness and rate of adoptions by:
 - Providing training to staff on concurrent planning,
 - Requiring licensors to discuss adoption at time of licensure,
 - Provide cross training to OFCL and DCFS staff on adoption issues.
 - Requiring staff to discuss with current caregivers their interest in adoption of the children in care prior to termination of parental rights, and
 - Increasing the child specific recruitment contract to recruit for additional children pending budget approval.
- ❖ Retain and support licensed resource families by:
 - Implementing the Request for Proposal for providing statewide foster parent support and recruitment,
 - Developing and implementing Recruitment and Retention contracts,
 - Implementing a foster parent satisfaction survey, and
 - Developing and implementing cross-training between foster parents and social worker staff.
- ❖ Improve health care screening for children receiving services from Children's Administration by:
 - Developing and implementing an integrated, tiered system for evaluation of the health, development and educational need for children in out-of-home care,
 - Develop and implement a case filing system to consolidate health records for children in care,
 - Increase participation of licensed foster parents and relative caregivers in Pre-Passport staffings, and

- In collaboration with other DSHS Administrations and community partners, continue workgroup efforts to review current system for children's mental health and develop plans and recommendations for improvements,
- Complete implementation of the newly developed agreements with Regional Support Networks (RSN) in each region by conducting informational session to RSN's and CA field offices.